## Iowa Department of Natural Resources

## PRIVATE WELL WATER TESTING

## **BACKGROUND INFORMATION**

1. Well User: (contact person)					
Name:		City:		State:	
Address:					
Location of Well 1/4 of, 1/ County	4 of,1/4 of,	Sectio, T _	N, R	We (cir	st/East,
3. Well Identification: a: Only well on	property: yes	no if	no, fill ir	ո "b:"	
b: Identify well tested:					
4. Well Description:					
Well depth: ft.	Casing material:	steel, plastic, con-	crete, cl	av, brick.	stone
Casing depth: ft.	Ü	( circle one)	,	,	
Casing diameter: in.	Type of construction	on: drilled, driven,	bored,	augered,	dug
Year or decade constructed:		( circle one )		,	Ü
Years used by present user:					
5. Well Assessment: yes no	unk		ye	s no	unk
is wellhead sealed?	<50' fr	om septic tank?			
is wellhead covered?	<100' f	from absorption field?	?		
is wellhead in pit?	<100' f	from any livestock?			
is visible casing intact?	<100' f	from fuel tanks?			
is casing >1' above grade?	<300' f	from chemical storage	?		
is cistern in use?	<100' f	from abandoned well?			
other adverse conditions	other po	otential contaminants	?		
Describe:	Describ	oe:			
> means "greater than"	< mea	ans "less than"			
<ol><li>List water treatment systems used:</li></ol>					
7. Where was sample taken?		Beforeo	r after_	treatr	ment?
8. Mention any historical contamination of	of which the owne	ers are aware:			
0.5.60					
9. Form filled out by:			DATE:		
10: Water testing record					
Date sampled:					
Sample collector:					
Laboratory:					
Coliform: (present/absent)					
Nitrate: (as N or NO <sub>3</sub> ?)					
Other constituents?:					

**DNR** form ( Rev. 12/ 95)